Guidance 39
Family Well-being Treatment Teams

Contract Reference: *A.1.1.2, C.1.2.6.22.4*

I. Level Of Care Description

The Family Well-Being Treatment Team program is an evidence-informed approach that provides community-based behavioral health treatment and support to families involved with the child welfare system, as well as families at risk of child welfare involvement, due to parental mental health, substance use, or co-occurring disorders that are unmanaged or undiagnosed. These multidisciplinary teams deliver coordinated behavioral health interventions within the broader system of care. They support early identification of needs, timely access to treatment, enhanced care coordination, and family navigation across systems, helping to strengthen family stability, improve child safety, and prevent unnecessary child welfare involvement whenever possible.

Family Well-being Treatment Teams are an adaptation of Florida's Family Intensive Treatment (FIT) model; however, unlike the FIT model, they offer greater flexibility in eligibility criteria and service approach.

II. Eligibility

Family Well-being Treatment Teams serve families that meet the following criteria:

1. Eligible for publicly funded substance abuse and mental health services pursuant to section 394.674, Florida Statutes; including individuals who meet all other eligibility criteria but are underinsured;
2. Presenting concerns related to parental mental health, substance use, or co-occurring disorders that is unmanaged or undiagnosed; and
3. Actively involved with the child welfare system or identified as being at risk of child welfare involvement. Priority shall be given to families with an active child welfare investigation, an ongoing dependency case, or a documented history of prior child welfare involvement. Families identified as being at risk for child welfare

involvement must have behavioral health concerns that may adversely affect child safety, family functioning, or family stability.

While eligibility is determined by at least one parent/guardian in the household meeting the criteria, all household members may receive and benefit from services and enhanced coordination. This family-centered approach supports treatment and ensures recovery, strengthens protective factors, and addresses issues that may affect both family well-being and child safety. Each parent or guardian who meets the eligibility criteria is included in program performance measures.

Family Well-being Treatment Teams may also serve families whose net income is at or above 150% of the federal poverty level, applying a sliding fee scale in accordance with Section 394.76, Florida Statutes, and Chapter 65E-14.018, Florida Administrative Code, when no other options at this level is available.

Referrals

Family Well-Being Treatment Teams accept referrals for eligible families from Child Protective Investigators, Lead Agencies, Child Welfare Case Management Organizations, and Managing Entities. Priority for admission shall be given to families with an active child welfare investigation, an ongoing dependency case, or a documented history of prior child welfare involvement. Family Well-Being Treatment Teams shall manage admissions to ensure that available service capacity is prioritized for these families whenever eligible referrals are received.

Additional referral sources may include community-based behavioral health providers, including outpatient and residential treatment programs, where services can support ongoing recovery, strengthen family stability, and facilitate successful transitions following treatment. Other referral sources may include health care settings, Recovery Community Organizations, Healthy Start, Healthy Families, and Hope Navigators, which help connect families to behavioral health treatment, peer support, recovery services, and other family-centered resources that promote well-being and stability. Families referred from these sources must present with behavioral health concerns that may adversely affect child safety, family functioning, or family stability.

III. Service Description

Family Well-being Treatment Teams are implemented by community behavioral health providers that work collaboratively with families to explore their culture, beliefs, and values and work together to identify strengths, as well as family needs. Through that process, goals for treatment are developed and adjusted as needed. The family and the Family Well-being Treatment Teams also work together to identify other, non-clinical supports needed. This can include coaching to address ineffective coping mechanisms and teach and model strategies to positively manage children while balancing everyday stressors associated with work, legal, financial, and health.

Program Goals

The goals of Family Well-being Treatment Teams are to:

- Provide early identification of unmanaged or undiagnosed mental health, substance use, or co-occurring disorders of parent(s)/guardian(s).
- Provide timely access to intensive behavioral health services to address concerns related to the well-being of families, as well as address food insecurity and housing instability.
- Establish a multidisciplinary approach to community behavioral health treatment services and safety planning.
- Coordinate safety planning, service delivery, and engagement strategies with Child Protective Investigators (or other Department representatives), Lead Agencies, Child Welfare Case Management Organizations, Managing Entities, and other providers of services.
- Identify family-driven pathways to recovery and promote sustained recovery through cultural and gender-sensitive treatment and involvement in recovery-oriented services and supports.
- Promote increased engagement and retention in treatment services.
- Prevent the need for entry into the child welfare system, thus reducing the number of out-of-home placements when safe to do so.

Coordination With Other Entities

Family Well-being Treatment Teams must collaborate with the families they serve and access services available from other child- and family-serving agencies to address systemic needs, including, but not limited to, primary health care, child welfare, juvenile justice, corrections, and education.

Programmatic Requirements

Family Well-Being Treatment Teams must be trained in the use of evidence-based behavioral health treatments and parenting practices shown to be effective for families involved in or at risk of child welfare involvement. At admission, evidence-informed, research-based assessments must be completed to identify and understand:

- **Risk factors**, including conditions that may affect child safety or family stability, such as substance use, mental health concerns, domestic violence, or housing instability; and
- **Protective factors**, including strengths that support family stability, such as supportive relationships, safe housing, and positive parenting skills.

A combination of assessment methods may be used to determine risk and protective factors, including:

- standardized questionnaires or screening tools
- clinical evaluations conducted by qualified professionals
- other validated assessment instruments used to inform service eligibility and treatment planning

Family Well-being Treatment Teams must include the following activities, tasks, and provisions:

- Individual and family counseling, related therapeutic interventions, and treatment to address behavioral health disorders, based on individual and family needs and preferences
- Group treatment to address behavioral health disorders, based on individual and family needs and preferences
- Trauma-informed treatment services for behavioral health disorders
- Therapeutic services and psychoeducation in:
    - Parenting interventions for child-parenting relationships and parenting skills
    - Natural support development, including family when appropriate
    - Relapse prevention skill development and engagement in the recovery community

Services and Supports

The guiding principles of the Family Well-being Treatment program includes participant choice, cultural competence, person-centered planning, protection of rights of individuals served, stakeholder inclusion, and participant voice. In alignment with these principles, the Family Well-being Treatment program is inclusive of the following covered services and activities as defined in Chapter 65E-14.021, Florida Administrative Code[1]:

- Aftercare
- Assessment
- Care Coordination
- Case Management
- Crisis Stabilization
- Crisis Support/Emergency
- Day Care
- Incidentals Expenses
- In-Home and On-site
- Intensive Case Management
- Intervention – Individual and Group
- Outpatient – Individual, Family, and Group
- Outreach
- Recovery Support – Individual and Group
- Supported Employment

[1] Florida Department of State - Florida Administrative Code & Florida Administrative Register www.flrules.org/ (accessed February 2026)

- Supportive Housing/Living

The Family Well-being Treatment Team shall include the following, as detailed below:

Active Engagement

Because Family Well-being Treatment Team services are voluntary, they should utilize engagement strategies, such as motivational interviewing, to foster ongoing participation and strengthen relationships with participants. The Family Well-being Treatment Team should also monitor for indicators that a participant may require more assertive engagement. Such indicators may include missing appointments; limited rapport or lack of trust in the therapeutic relationship; high-risk behaviors; or substance use that interferes with the participant's ability to engage in treatment. The Family Well-being Treatment Team shall document engagement strategies, outreach efforts, participant responses, barriers to participation, and follow-up actions throughout the duration of treatment to support continuity of care and ongoing assessment of engagement needs.

Daily Living Activities (DLA-20): Adult Mental Health or Alcohol-Drug Functional Assessment

The DLA-20 must be completed within the first 30 days of intake to establish a functional baseline. After the baseline is established, it should be readministered at regular intervals to monitor changes in functional capacity over time. At a minimum, the DLA-20 must be readministered every six (6) months; however, it may be completed more frequently based on provider preference or programmatic guidance. In addition, the DLA-20 must be administered at key transition points, including:

- at discharge, except in cases of unplanned discharge;
- when there is a change in level of care; and
- following a significant life event.

If a client's mental health, cognitive functioning, or level of independence demonstrates a noticeable improvement or decline, the DLA-20 may be readministered to document the change. Administration of the DLA-20 without direct contact with the client is considered invalid. Direct contact includes in-person, telehealth/video, or telephone interaction. In cases of unplanned discharge, the score from the most recent DLA-20 administration should be used as the discharge score.

Discharge Reasons

The following are appropriate discharge reasons:

- **Successfully Completed Treatment/Services**: The participant demonstrates an ability to perform successfully in major role areas (i.e., work, social, and self-care) over time without requiring assistance from the program and no longer requires this level of care (i.e., successful completion).
- **Did Not Complete Treatment - Voluntary**: The participant lost contact, eloped, requested discharge, or chooses not to participate in services despite repeated efforts to reengage them.
- **Did Not Complete Treatment - Involuntary**: The participant has been admitted to inpatient or short-term residential treatment, for a continuous period of 90 calendar days, with no anticipated discharge date.

- **Incarcerated**: The participant has been in jail for a term exceeding 30 days. Otherwise, the participant remains enrolled.
- **Death**: The participant dies while receiving services.
- **Transferred to a State Mental Health Treatment Facility or Behavioral Health Teaching Hospital**: The participant has been admitted to a state mental health treatment facility or behavioral health teaching hospital.
- **Participant Moved Out of Service Area**: The participant moved out of the service area.
- **Did Not Complete Treatment - Transferred to Another Provider**: The participant was admitted to a FIT Team or chose comparable community-based outpatient services with another provider.

IV. Outcome Measures

The Managing Entity must include the following performance measures and methodology in each subcontract:

1. On an annual basis, *50 percent of all individuals served* will successfully complete treatment services.
    - The numerator is the number of individuals who successfully complete treatment services during the reporting period.
    - The denominator is the total number of individuals discharged during the reporting period.
2. On an annual basis, *75 percent of all individuals served* will maintain or demonstrate improvement in their parenting capacity, as measured by a validated assessment tool or rating scale.
    - Maintenance or improvement in parenting capacity is determined by comparing the score from the initial assessment to the most recent recorded score.
    - The numerator is the number of individuals served during the reporting period whose most recent recorded score is equal to or greater than their initial score.
    - The denominator is the number of individuals served during the reporting period who have more than one recorded score.
3. Upon successful completion, *95 percent of individuals served* will live in a stable housing environment:
    - Stable housing environment is defined as: Independent Living (Alone, with Relatives, with Non-Relatives), Dependent Living (with Relatives, with Non-Relatives), Foster Care/Home (including Extended Foster Care for ages 18-21), or Supported Housing.
    - The numerator is the number of parent(s)/guardian(s) discharged as “Successfully Completed Treatment/Services” during the reporting period who are living in a stable housing environment.
    - The denominator is the total number of parent(s)/guardian(s) discharged as “Successfully Completed Treatment/Services” during the reporting period.

- Individual provider performance between 90 percent and 95 percent will be considered below target but not be subject to financial consequences.

4. Upon successful completion, *95 percent of individuals served* will have stable employment:

- Stable employment is defined as: Active military, overseas; Active military, USA; Full-time; Unpaid Family Worker (A family member who works at least 15 hours or more a week without pay in a family-operated enterprise); Part-time; Retired; Homemaker (Manages household for family members); Student; or Disabled. Note: If an individual refuses to work because they are making money through illegal activities, they must be coded as Unemployed.
- The numerator is the number of eligible parent(s)/guardian(s) discharged as "Successfully Completed Treatment/Services" during the reporting period who have stable employment.
- The denominator is the total number of eligible parent(s)/guardian(s) discharged as "Successfully Completed Treatment/Services" during the reporting period.

5. On an annual basis, the *average length of stay* for individuals discharged will be at least 120 days:

- The numerator is the total number of days in treatment for all individuals discharged during the reporting period, calculated from enrollment date to discharge date.
- The denominator is the total number of individuals discharged during the reporting period.

Beginning in Fiscal Year 2026–27, the Department and Managing Entities shall collect and analyze baseline data for the following potential performance measure. During the baseline data collection period, these measures will be used only for monitoring and evaluation. They will not be used to evaluate provider performance or to impose corrective action, financial penalties, or other adverse contractual consequences. The Department and the Managing Entities will evaluate the effectiveness and reasonableness of adopting additional measures for future program implementation. The measure will be adopted July 1, 2028, unless objections are raised.

6. On an annual basis, *50 percent of all individuals served* will maintain or demonstrate improvement in their functioning, as measured by the Daily Living Activities (DLA-20) Functional Assessment.

- Maintenance or improvement in functioning is determined by comparing the average DLA-20 score from the initial assessment score to the most recent recorded score.
- The numerator is the number of individuals served during the reporting period whose overall functioning score is equal to or greater than their initial score.
- The denominator is the number of individuals served during the reporting period who have more than one recorded DLA-20 score.

7. Upon successful completion, *at least 55 percent of individuals served* will demonstrate a 20% or greater improvement in their average (i.e., mean) DLA-20 score from admission to discharge.

- Percentage of change is determined by subtracting the admission score from the discharge score, dividing by the admission score, and multiplying by 100.

- The numerator is the number of individuals who successfully complete treatment and demonstrate a 20% or greater improvement in their average DLA-20 assessment score from admission to discharge.
- The denominator is total number of individuals who successfully complete treatment during the reporting period and have both an admission and discharge DLA-20 assessment score.

V. Reporting Requirements

The Department may request ad hoc data from the Managing Entities.

Template 40: Family Well-being Treatment Program Quarterly Report

This quarterly report displays aggregate census information, waiting list, and other essential data for the Department to determine outputs and outcomes.

Monthly and yearly service targets should be determined by the Managing Entity, considering the capacity of the Family Well-being Treatment Teams, the needs of the families served, as well as geographical considerations. The targets should assume that families will remain in treatment for several months.

Appendix A – Family Well-being Treatment Return on Investment Quarterly Report

This quarterly report is designed to measure and quantify the return on investment of services in both financial and human terms. Managing Entities are required to complete and submit the report each quarter. To obtain access to the ROI Quarterly Report in Smartsheet, Managing Entities must designate at least one point of contact who will be responsible for data submission.

VI. Incidental Expenses

Incidental expenses pursuant to chapter 65E-14.021, Florida Administrative Code, are allowable under this program Network Service Providers must follow state purchasing guidelines and any established process for review and approval and must consult the Managing Entity regarding allowable purchases.

Before utilizing Incidentals, the Family Well-being Treatment Teams must explore all other resources with the family, including eligibility for food, cash, and medical assistance through the Department of Children and Families Automated Community Connection to Economic Self Sufficiency (ACCESS) program. More information on ACCESS can be found at http://www.myflorida.com/accessflorida/.

APPENDIX A – FAMILY WELL-BEING TREATMENT RETURN ON INVESTMENT QUARTERLY REPORT

The Return on Investment (ROI) Quarterly Report analyzes the fiscal impact of the Family Well-being Treatment model and demonstrates how the state's investment in the program generates measurable benefits. The report compares program expenditures with quantifiable cost savings and reduced utilization of other state-funded services. In addition to financial metrics, it captures human outcomes, including improvements in participant health, functioning, and other social indicators resulting from program participation.

Managing Entities are required to complete this report on a quarterly basis. To obtain access to the ROI Quarterly Report in Smartsheet, please designate at least one point of contact who will be responsible for data submission and provide the individual's name and email address.

Managing Entities must submit points of contact to: HQW.SAMH.ManagingEntitiesInquiries@myflfamilies.com

Reports are due on October 20, January 20, April 20, and August 15.